

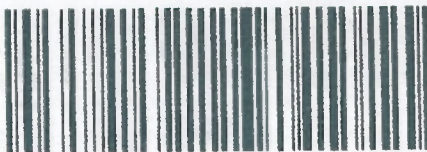


**CROTHERS**

*Environmental Group, LLC*

29 Duncan Road

Morrisville, VT 05661



7011 1570 0001 9038 1558

**RETURN RECEIPT  
REQUESTED**

**U.S. EPA – Region 1**

Asbestos NESHAP Division

**Attn: Demo/Reno Notifications**

5 Post Office Square –Suite 100

Boston, MA 02109-3912

72S

U.S. EPA - Region 1  
Asbestos NESHAP Division  
Attn: Demo/Reno Notifications  
5 Post Office Square - Suite 100  
Boston, MA 02109-3912

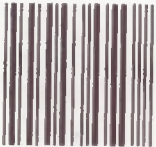
RETURN RECEIPT  
REQUESTED

RECEIPT  
REQUESTED

U.S. POSTAGE PAID  
STOWE, VT 05672  
APR 04, 13  
AMOUNT  
\$7.17  
00045969-11

UNITED STATES  
POSTAL SERVICE

1000  
02109



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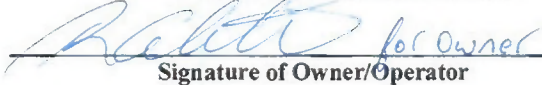
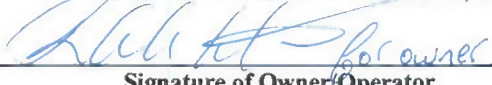


11 1570 0001 9038 1558



# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:</b>	Asbestos-containing materials to be removed. State personnel to begin salvage operations. Building will then be demolished utilizing heavy equipment, such as an excavator (after all ACM has been properly removed).		
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b>	Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring where required.		
<b>XII.</b>	<b>Waste Transporter #1</b>	Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
	<b>Waste Transporter #2</b>	Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIII.</b>	<b>Waste Disposal</b>	Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIV.</b>	<b>Emergency Demolition</b> (complete Item XIV only if this project is an Emergency Demo.)	1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____		
<b>XV.</b>	<b>Emergency Renovation</b> (Attach separate sheet with the following information if project is Emergency Renovation.)	1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.</b>	Same as Section X above		
<b>XVII.</b>	<b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</b>	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">                           Signature of Owner/Operator                     </div> <div style="text-align: center;"> <u>04/04/13</u>                          Date                     </div> <div style="text-align: center;"> <u>Chris Crothers - Owner's Consultant</u>                          Type or Print Name and Title                     </div> </div>		
<b>XVIII.</b>	<b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</b>	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">                           Signature of Owner/Operator                     </div> <div style="text-align: center;"> <u>04/04/13</u>                          Date                     </div> <div style="text-align: center;"> <u>Chris Crothers - Owner's Consultant</u>                          Type or Print Name and Title                     </div> </div>		



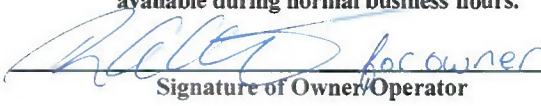
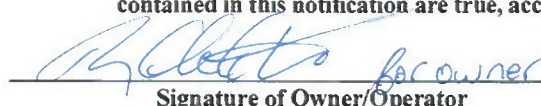
# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project # CEG969054	Postmark	Date Received	Notification #																												
<b>I. Type of Notification</b> (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled																															
<b>II. Facility Description</b> Building Name: <u>St. Albans Coop Store</u> Address: <u>140 Federal Street</u> City: <u>St. Albans</u> State: <u>Vermont</u> Zip Code: <u>05478</u> County: <u>Franklin</u> Site Location: <u>140 Federal Street, St. Albans, Vermont 05478</u> Building Size (square feet): <u>3,000 sq. ft. per floor</u> # of Floors: <u>2</u> Age in Years: <u>75</u> Present Use: <u>Coop Farm Store</u> Prior Use: <u>Coop Farm Store</u>																															
<b>III. Type of Operation</b> (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																															
<b>IV. Is Asbestos Present?</b> (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																															
<b>V. Facility Information</b> Owner Name: <u>St. Albans Cooperative Creamery, Inc.</u> Address: <u>140 Federal Street</u> City: <u>St. Albans</u> State: <u>Vermont</u> Zip Code: <u>05478</u> Contact: <u>Mike Jensen</u> Telephone: <u>(802) 524-6581</u> Fax: <u>(802) 527-1769</u> Removal Contractor Name: <u>Levaggi Environmental Contracting, Inc.</u> Address: <u>P. O. Box 515</u> City: <u>Morrisville</u> State: <u>Vermont</u> Zip Code: <u>05661</u> Contact: <u>Eric Levaggi</u> Telephone: <u>(802) 888-5756</u> Fax: _____ Other Operator (demolition/general): <u>To be determined</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____																															
<b>VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:</b> <u>Bulk samples collected by accredited inspector. Samples analyzed by NVLAP accredited lab.</u>																															
<b>VII. Approximate Amount of Asbestos Materials:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Surface Area (square feet)</td> <td style="text-align: center;">0</td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>					RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		Category I	Category II	Category I	Category II	Pipes (linear feet)	0	0	0	0	0	Surface Area (square feet)	0	3	0	0	0	Facility Components (cubic feet)	0	0	0	0	0
	RACM to be Removed	Non-friable Asbestos Material to be Removed				Non-friable Asbestos Material NOT to be Removed																									
		Category I	Category II	Category I	Category II																										
Pipes (linear feet)	0	0	0	0	0																										
Surface Area (square feet)	0	3	0	0	0																										
Facility Components (cubic feet)	0	0	0	0	0																										
<b>VIII. Scheduled Dates Demolition or Renovation:</b> Start: <u>05/08/13</u> Complete: <u>06/05/13</u>																															
<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b> Start: <u>05/06/13</u> Complete: <u>05/07/13</u>																															
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																								
Hours of Operation:	8 - 4	8 - 4	8 - 4	8 - 4	8 - 4																										

# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:</b> Asbestos to be removed first. Salvageable items will be removed, then building will then be demolished utilizing an excavator		
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b> Wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, and proper waste shipment & disposal		
<b>XII.</b>	<b>Waste Transporter #1</b> Name: <u>Levaggi Environmental Contracting, Inc.</u> Address: <u>P. O. Box 515</u> City: <u>Morrisville</u> State: <u>Vermont</u> Zip Code: <u>05661</u> Contact: <u>Eric Levaggi</u> Telephone: <u>(802) 888-5756</u> <b>Waste Transporter #2</b> Name: <u>Casella Waste Management, Inc.</u> Address: <u>1855 Route 100</u> City: <u>Hyde Park</u> State: <u>Vermont</u> Zip Code: <u>05655</u> Contact: <u>Jamie Stacy</u> Telephone: <u>(802) 888-3627</u>		
<b>XIII.</b>	<b>Waste Disposal</b> Name: <u>Waste Management of NH; Turnkey Landfill Division</u> Address: <u>90 Rochester Neck Road</u> City: <u>Rochester</u> State: <u>New Hampshire</u> Zip Code: <u>03839</u> Contact: _____ Telephone: <u>(603) 330-2100</u>		
<b>XIV.</b>	<b>Emergency Demolition</b> (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____		
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<b>XVII.</b>	<b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</b> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">                       Signature of Owner/Operator                 </div> <div style="width: 15%; text-align: center;"> <u>04/04/13</u>                      Date                 </div> <div style="width: 40%;"> <u>Chris Crothers, Owner's Consultant</u>                      Type or Print Name and Title                 </div> </div>		
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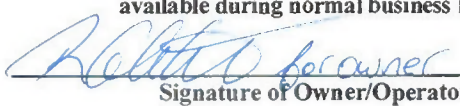
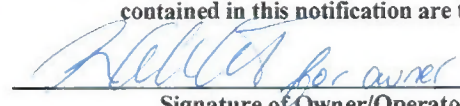
## Page 1 of 2

Operator Project # <b>CEG888200</b>		Postmark		Date Received		Notification #	
<b>I. Type of Notification</b> (check one):		<input checked="" type="checkbox"/> Original		<input type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
<b>II. Facility Description</b>							
Building Name: <u>Brooks to 5 South Connector</u>							
Address: <u>103 South Main Street</u>							
City: <u>Waterbury</u>		State: <u>Vermont</u>		Zip Code: <u>05671</u>		County: <u>Washington</u>	
Site Location: <u>Waterbury State Complex - 103 South Main Street - Waterbury, Vermont</u>							
Building Size (square feet): <u>1,200 sq.ft. per floor</u>		# of Floors: <u>2</u>		Age in Years: <u>95 +/-</u>			
Present Use: <u>Connector</u>		Prior Use: <u>Connector</u>					
<b>III. Type of Operation</b> (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
<b>IV. Is Asbestos Present?</b> (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>V. Facility Information</b>							
Owner Name: <u>State of Vermont, Department of Buildings &amp; General Services</u>							
Address: <u>2 Governor Aiken Avenue, Drawer 33</u>							
City: <u>Montpelier</u>		State: <u>VT</u>		Zip Code: <u>05633</u>			
Contact: <u>Mike Stevens</u>		Telephone: <u>(802) 828-5377</u>		Fax: <u>(802) 828-3533</u>			
Removal Contractor Name: <u>TBD</u>							
Address: _____							
City: _____		State: _____		Zip Code: _____			
Contact: _____		Telephone: (____) _____		Fax: _____			
Other Operator (demolition/general): <u>TBD</u>							
Address: _____							
City: _____		State: _____		Zip Code: _____			
Contact: _____		Telephone: (____) _____		Fax: _____			
<b>VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:</b>							
Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory.							
<b>VII. Approximate Amount of Asbestos Materials:</b>							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)	180						
Surface Area (square feet)	32		13				
Facility Components (cubic feet)							
<b>VIII. Scheduled Dates Demolition or Renovation:</b>		Start: <u>07/01/13</u>		Complete: <u>12/30/13</u>			
<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b>		Start: <u>04/29/13</u>		Complete: <u>06/28/13</u>			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	



# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:</b> Asbestos-containing materials to be removed. State personnel to begin salvage operations. Building will then be demolished utilizing heavy equipment, such as an excavator (after all ACM has been properly removed).		
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b> Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring where required.		
<b>XII.</b>	<b>Waste Transporter #1</b> Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____ <b>Waste Transporter #2</b> Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIII.</b>	<b>Waste Disposal</b> Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIV.</b>	<b>Emergency Demolition</b> (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
<b>XV.</b>	<b>Emergency Renovation</b> (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
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## Page 1 of 2

Operator Project # <b>CEG888200</b>		Postmark		Date Received		Notification #	
<b>I. Type of Notification</b> (check one):		<input checked="" type="checkbox"/> Original		<input type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
<b>II. Facility Description</b>							
Building Name: <u>Maintenance Building</u>							
Address: <u>103 South Main Street</u>							
City: <u>Waterbury</u>		State: <u>Vermont</u>		Zip Code: <u>05671</u>		County: <u>Washington</u>	
Site Location : <u>Waterbury State Complex - 103 South Main Street - Waterbury, Vermont</u>							
Building Size (square feet): <u>8000</u>		# of Floors: <u>1</u>		Age in Years: <u>95 +/-</u>			
Present Use: <u>State Maintenance Offices &amp; Garage</u>		Prior Use: <u>State Hospital Maintenance Building</u>					
<b>III. Type of Operation</b> (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
<b>IV. Is Asbestos Present?</b> (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>V. Facility Information</b>							
Owner Name: <u>State of Vermont, Department of Buildings &amp; General Services</u>							
Address: <u>2 Governor Aiken Avenue, Drawer 33</u>							
City: <u>Montpelier</u>		State: <u>VT</u>		Zip Code: <u>05633</u>			
Contact: <u>Mike Stevens</u>		Telephone: <u>(802) 828-5377</u>		Fax: <u>(802) 828-3533</u>			
Removal Contractor Name: <u>TBD</u>							
Address: _____							
City: _____		State: _____		Zip Code: _____			
Contact: _____		Telephone: (____) _____		Fax: _____			
Other Operator (demolition/general): <u>TBD</u>							
Address: _____							
City: _____		State: _____		Zip Code: _____			
Contact: _____		Telephone: (____) _____		Fax: _____			
<b>VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:</b>							
Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory							
<b>VII. Approximate Amount of Asbestos Materials:</b>							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)	90						
Surface Area (square feet)	192	1,300	8				
Facility Components (cubic feet)							
<b>VIII. Scheduled Dates Demolition or Renovation:</b>		Start: <u>07/15/13</u>		Complete: <u>12/30/13</u>			
<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b>		Start: <u>05/28/13</u>		Complete: <u>07/12/13</u>			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	

# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:</b>	<p>Asbestos-containing materials to be removed. State personnel to begin salvage operations. Building will then be demolished utilizing heavy equipment, such as an excavator (after all ACM has been properly removed).</p>	
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b>	<p>Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment &amp; disposal, post abatement visual inspections and air monitoring where required.</p>	
<b>XII.</b>	<b>Waste Transporter #1</b>	<p>Name: <u>TBD</u></p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: (    ) _____</p>	
	<b>Waste Transporter #2</b>	<p>Name: <u>TBD</u></p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: (    ) _____</p>	
<b>XIII.</b>	<b>Waste Disposal</b>	<p>Name: <u>TBD</u></p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: (    ) _____</p>	
<b>XIV.</b>	<p><b>Emergency Demolition</b> (complete Item XIV only if this project is an Emergency Demo.)</p> <p>1. Attach a copy of the Order to this notice.</p> <p>2. Name of Authority Issuing Order: _____ Title: _____</p> <p>3. Authority of Order (Citation of Code): _____</p> <p>4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____</p>		
<b>XV.</b>	<p><b>Emergency Renovation</b> (Attach separate sheet with the following information if project is Emergency Renovation.)</p> <p>1. Date and Hour of the Emergency:</p> <p>2. Description of the Sudden, Unexpected Event:</p> <p>3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.</p>		
<b>XVI.</b>	<p><b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.</b></p> <p>Same as Section X above</p>		
<b>XVII.</b>	<p><b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p> Signature of Owner/Operator</p> </div> <div style="width: 15%; text-align: center;"> <p><u>04/04/13</u> Date</p> </div> <div style="width: 40%;"> <p><u>Chris Crothers - Owner's Consultant</u> Type or Print Name and Title</p> </div> </div>		
<b>XVIII.</b>	<p><b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p> Signature of Owner/Operator</p> </div> <div style="width: 15%; text-align: center;"> <p><u>04/04/13</u> Date</p> </div> <div style="width: 40%;"> <p><u>Chris Crothers - Owner's Consultant</u> Type or Print Name and Title</p> </div> </div>		

## Page 1 of 2

Operator Project # CEG888200		Postmark		Date Received		Notification #	
I. Type of Notification (check one):		<input checked="" type="checkbox"/> Original		<input type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: Building 10 South							
Address: 103 South Main Street							
City: Waterbury		State: Vermont		Zip Code: 05671		County: Washington	
Site Location : Waterbury State Complex - 103 South Main Street - Waterbury, Vermont							
Building Size (square feet): 5,200 sq.ft. per floor		# of Floors: 3		Age in Years: 80 +/-			
Present Use: Offices and maintenance storage		Prior Use: State Hospital					
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: State of Vermont, Department of Buildings & General Services							
Address: 2 Governor Aiken Avenue, Drawer 33							
City: Montpelier		State: VT		Zip Code: 05633			
Contact: Mike Stevens		Telephone: (802) 828-5377		Fax: (802) 828-3533			
Removal Contractor Name: TBD							
Address:							
City:		State:		Zip Code:			
Contact:		Telephone: ( )		Fax:			
Other Operator (demolition/general): TBD							
Address:							
City:		State:		Zip Code:			
Contact:		Telephone: ( )		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)	60						
Surface Area (square feet)	27,800	350					
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:		Start: 07/15/13		Complete: 12/30/13			
IX. Dates for Asbestos Removal (MM/DD/YY)		Start: 05/28/13		Complete: 07/12/13			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	



# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:</b> Asbestos-containing materials to be removed. State personnel to begin salvage operations. Building will then be demolished utilizing heavy equipment, such as an excavator (after all ACM has been properly removed).		
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b> Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring where required.		
<b>XII.</b>	<b>Waste Transporter #1</b> Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____ <b>Waste Transporter #2</b> Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIII.</b>	<b>Waste Disposal</b> Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIV.</b>	<b>Emergency Demolition</b> (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
<b>XV.</b>	<b>Emergency Renovation</b> (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.</b> Same as Section X above		
<b>XVII.</b>	<b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</b> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">                           _____                          Signature of Owner/Operator                     </div> <div style="width: 15%;"> <u>04/04/13</u>                          Date                     </div> <div style="width: 40%;"> <u>Chris Crothers - Owner's Consultant</u>                          Type or Print Name and Title                     </div> </div>		
<b>XVIII.</b>	<b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</b> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">                           _____                          Signature of Owner/Operator                     </div> <div style="width: 15%;"> <u>04/04/13</u>                          Date                     </div> <div style="width: 40%;"> <u>Chris Crothers - Owner's Consultant</u>                          Type or Print Name and Title                     </div> </div>		

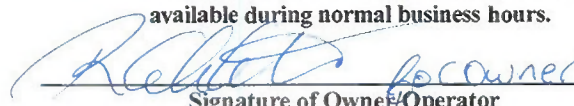
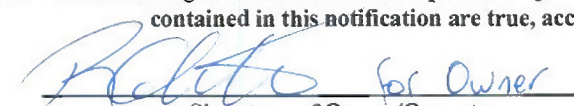
## Page 1 of 2

Operator Project # CEG888200		Postmark		Date Received		Notification #	
I. Type of Notification (check one):		<input checked="" type="checkbox"/> Original		<input type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: Brooks Building (AKA former State Hospital Building)							
Address: 103 South Main Street							
City: Waterbury		State: Vermont		Zip Code: 05671		County: Washington	
Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont							
Building Size (square feet): 10,000 sq.ft. per floor		# of Floors: 3		Age in Years: 95 +/-			
Present Use: Vacant		Prior Use: State Hospital Maintenance Building					
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: State of Vermont, Department of Buildings & General Services							
Address: 2 Governor Aiken Avenue, Drawer 33							
City: Montpelier		State: VT		Zip Code: 05633			
Contact: Mike Stevens		Telephone: (802) 828-5377		Fax: (802) 828-3533			
Removal Contractor Name: TBD							
Address:							
City:		State:		Zip Code:			
Contact:		Telephone: ( )		Fax:			
Other Operator (demolition/general): TBD							
Address:							
City:		State:		Zip Code:			
Contact:		Telephone: ( )		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory.							
VII. Approximate Amount of Asbestos Materials:							
		RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		
			Category I	Category II	Category I	Category II	
Pipes (linear feet)		300					
Surface Area (square feet)		19,608	20,500	76			
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:				Start: 07/01/13		Complete: 12/30/13	
IX. Dates for Asbestos Removal (MM/DD/YY)				Start: 04/29/13		Complete: 06/28/13	
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	



# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:</b> Asbestos-containing materials to be removed. State personnel to begin salvage operations. Building will then be demolished utilizing heavy equipment, such as an excavator (after all ACM has been properly removed).		
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b> Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring where required.		
<b>XII.</b>	<b>Waste Transporter #1</b> Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____ <b>Waste Transporter #2</b> Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIII.</b>	<b>Waste Disposal</b> Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIV.</b>	<b>Emergency Demolition</b> (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
<b>XV.</b>	<b>Emergency Renovation</b> (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.</b> Same as Section X above		
<b>XVII.</b>	<b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</b> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">                       _____                      Signature of Owner/Operator                 </div> <div style="width: 15%; text-align: center;"> <u>04/04/13</u>                      Date                 </div> <div style="width: 40%;"> <u>Chris Crothers - Owner's Consultant</u>                      Type or Print Name and Title                 </div> </div>		
<b>XVIII.</b>	<b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</b> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">                       _____                      Signature of Owner/Operator                 </div> <div style="width: 15%; text-align: center;"> <u>04/04/13</u>                      Date                 </div> <div style="width: 40%;"> <u>Chris Crothers - Owner's Consultant</u>                      Type or Print Name and Title                 </div> </div>		

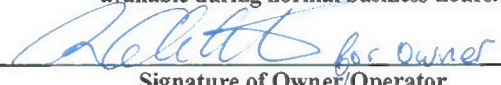
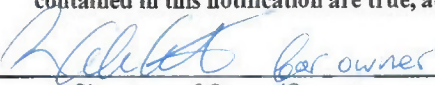


## Page 1 of 2

Operator Project # CEG888200		Postmark		Date Received		Notification #	
<b>I. Type of Notification</b> (check one):		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Canceled			
<b>II. Facility Description</b>							
Building Name: <u>Annex Building (AKA Old Storehouse)</u>							
Address: <u>103 South Main Street</u>							
City: <u>Waterbury</u>		State: <u>Vermont</u>		Zip Code: <u>05671</u>		County: <u>Washington</u>	
Site Location: <u>Waterbury State Complex - 103 South Main Street - Waterbury, Vermont</u>							
Building Size (square feet): <u>3,300 sq.ft. per floor</u>		# of Floors: <u>2</u>		Age in Years: <u>95 +/-</u>			
Present Use: <u>Vacant</u>		Prior Use: <u>State Hospital Admissions Building</u>					
<b>III. Type of Operation</b> (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
<b>IV. Is Asbestos Present?</b> (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>V. Facility Information</b>							
Owner Name: <u>State of Vermont, Department of Buildings &amp; General Services</u>							
Address: <u>2 Governor Aiken Avenue, Drawer 33</u>							
City: <u>Montpelier</u>		State: <u>VT</u>		Zip Code: <u>05633</u>			
Contact: <u>Mike Stevens</u>		Telephone: <u>(802) 828-5377</u>		Fax: <u>(802) 828-3533</u>			
Removal Contractor Name: <u>TBD</u>							
Address: _____							
City: _____		State: _____		Zip Code: _____			
Contact: _____		Telephone: (____) _____		Fax: _____			
Other Operator (demolition/general): <u>TBD</u>							
Address: _____							
City: _____		State: _____		Zip Code: _____			
Contact: _____		Telephone: (____) _____		Fax: _____			
<b>VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:</b>							
Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory.							
<b>VII. Approximate Amount of Asbestos Materials:</b>							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)	20						
Surface Area (square feet)	64		17				
Facility Components (cubic feet)							
<b>VIII. Scheduled Dates Demolition or Renovation:</b>		Start: <u>07/01/13</u>		Complete: <u>12/30/13</u>			
<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b>		Start: <u>04/29/13</u>		Complete: <u>06/28/13</u>			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	

# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:</b>	Asbestos-containing materials to be removed. State personnel to begin salvage operations. Building will then be demolished utilizing heavy equipment, such as an excavator (after all ACM has been properly removed).		
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b>	Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring where required.		
<b>XII.</b>	<b>Waste Transporter #1</b>	Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
	<b>Waste Transporter #2</b>	Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIII.</b>	<b>Waste Disposal</b>	Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIV.</b>	<b>Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)</b>	1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
<b>XV.</b>	<b>Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)</b>	1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.</b>	Same as Section X above		
<b>XVII.</b>	<b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</b>	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">                           _____                          Signature of Owner/Operator                     </div> <div style="text-align: center;"> <u>04/04/13</u>                          Date                     </div> <div style="text-align: center;"> <u>Chris Crothers - Owner's Consultant</u>                          Type or Print Name and Title                     </div> </div>		
<b>XVIII.</b>	<b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</b>	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">                           _____                          Signature of Owner/Operator                     </div> <div style="text-align: center;"> <u>04/04/13</u>                          Date                     </div> <div style="text-align: center;"> <u>Chris Crothers - Owner's Consultant</u>                          Type or Print Name and Title                     </div> </div>		

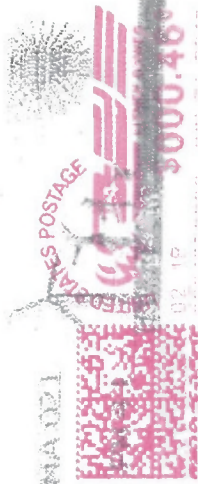


NCM Demolition and Remediation, LP  
14 Jewel Drive  
Wilmington, MA 01887-3361  
[www.ncmgroup.com](http://www.ncmgroup.com)

Demolition + Remediation

BOSTON MA 021

24 JUN 2003



U.S. EPA, Region I  
Demo/Reno Notifications  
5 Post Office Square  
Suite 100 (OES05-4)  
Boston, MA 02109-3912

02109394625





# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project #	Postmark <u>07/24/2013</u>	Date Received	Notification #
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**I. Type of Notification** (check one): ☒ Original ☐ Revised ☐ Canceled

**II. Facility Description**  
 Building Name: Central Core / West Office Building  
 Address: 103 South Main Street  
 City: Waterbury State: VT Zip Code: 05676 County: \_\_\_\_\_  
 Site Location: State office Complex  
 Building Size (square feet): \_\_\_\_\_ # of Floors: 2 Age in Years: 50t  
 Present Use: Vacant Prior Use: State Hospital Facility

**III. Type of Operation** (check one): ☒ Demo ☐ Ordered Demo ☐ Renovation ☐ Emergency Renovation ☐ Fire Training

**IV. Is Asbestos Present?** (check one): ☒ Yes ☐ No

**V. Facility Information**  
 Owner Name: State of Vermont  
 Address: 2 Governor Aiken Avenue  
 City: Montpelier State: VT Zip Code: 05633  
 Contact: Mike Stevens Telephone: (802) 828-5377 Fax: \_\_\_\_\_  
 Removal Contractor Name: NCM Demolition and Remediation, LP  
 Address: 14 Jewel Drive  
 City: Wilmington State: MA Zip Code: 01887  
 Contact: Mike Delaney Telephone: (978) 657-5445 Fax: (978) 657-5995  
 Other Operator (demolition/general): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_

**VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:**  
Bulk Sample Analysis

**VII. Approximate Amount of Asbestos Materials:**

	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)	1200				
Surface Area (square feet)		26000			
Facility Components (cubic feet)					

**VIII. Scheduled Dates Demolition or Renovation:** Start: 07/08/13 Complete: 08/16/13

**IX. Dates for Asbestos Removal (MM/DD/YY)** Start: 07/08/13 Complete: 08/16/13

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7am-3:30pm	" "	" "	" "	" "	0	0

# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

<b>X.</b>	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:		
<b>XI.</b>	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:  Abatement performed in negative pressure, enclosure with decon using wet methods		
<b>XII.</b>	<b>Waste Transporter #1</b> Name: <u>Service Transport</u> Address: <u>58 Pyles Lane</u> City: <u>New Castle</u> State: <u>DE</u> Zip Code: <u>19720</u> Contact: <u>David Noe</u> Telephone: <u>(330) 866-3434</u> <b>Waste Transporter #2</b> Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIII.</b>	<b>Waste Disposal</b> Name: <u>Minvera Landfill</u> Address: <u>8955 Minerva Rd.</u> City: <u>Waynesburg</u> State: <u>OH</u> Zip Code: <u>44688</u> Contact: _____ Telephone: <u>(330) 866-3435</u>		
<b>XIV.</b>	<b>Emergency Demolition</b> (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____		
<b>XV.</b>	<b>Emergency Renovation</b> (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
<b>XVI.</b>	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.  Section XI Procedures		
<b>XVII.</b>	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u>Michael Delaney</u>                          Signature of Owner/Operator                     </div> <div style="text-align: center;"> <u>06/20/13</u>                          Date                     </div> <div style="text-align: center;"> <u>Michael Delaney</u>                          Type or Print Name and Title                     </div> </div>		
<b>XVIII.</b>	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u>Michael Delaney</u>                          Signature of Owner/Operator                     </div> <div style="text-align: center;"> <u>06/20/13</u>                          Date                     </div> <div style="text-align: center;"> <u>Michael Delaney</u>                          Type or Print Name and Title                     </div> </div>		

**VERMONT DEPARTMENT OF HEALTH**  
**Asbestos & Lead Regulatory Program**  
**PERMIT APPLICATION FOR ASBESTOS ABATEMENT PROJECT**  
(Refer to Vermont Regulations for Asbestos Control for complete rules on notification)

☐ REVISION    DATE \_\_\_\_\_

Name of Abatement Entity: NCM Demo and Remediation    Ph: 978-657-5445    Fax: 978-657-5995

Address of Abatement Entity: 14 Jewel Drive

City, State, Zip    Wilmington, MA 01887

Asbestos Abatement Entity License #: AE400552

Name and street address of building: Waterbury State Complex, Central Core/West Office Building

City, State, Zip    103 South Main St, Waterbury, VT

Building owner & address: State of Vermont 2 Governor Aiken Avenue

City, State, Zip    Montpelier, VT 05633

Building is (check one): Commercial / Industrial / School/University / ☒ Public / Private / Residential Rental / Other

**\*Specify location and types of asbestos containing materials involved:**

please see attached list of plans

**\*Type of abatement activity to be performed:** (check one):

☒ Removal    ☐ Repair    ☐ Encapsulate    ☐ Enclosure    ☐ Cleanup    ☐ Demolition    ☐ Emergency

**\*Amount of asbestos containing material involved:**    1200 Ln. ft.    36000 Sq. ft.    Other wind/door Units' 122  
PLEASE ATTACH A DRAWING OF THE WORK AREA TO INCLUDE CONTAINMENT, NEG. AIR, AND DECON. LOCATIONS

**\*Starting date:** July 8, 2013    **\*Completion date:** August 16, 2013

Name of on-site supervisor and VT Certification No: Michael White #AS307901

Name of Consultant/Consulting Company: Crothers Environmental Group, LLC

**\*Work practices to be used according to the following VRAC Sections:**

Sections 2.4.1, 2.4.2, 2.4.3, and 6

**\*Alternative work procedures requested:**    Yes    No ☒

(If yes, provide an attachment describing specifics as per VRAC Section 2.6)

Name and address of final disposal site: Minerva Landfill 8955 Minerva Road, Waynesburg, OH 44688

Notification sent to the following agencies (NESHAP, etc): EPA Region #1    If so, please attach copies.

Print: Michael Delaney    Signature: Michael Delaney    Date: June 20, 2013

Name and signature of Notification Preparer

**\*Permit Revision Fee Applies**

VDH form A104 01/08



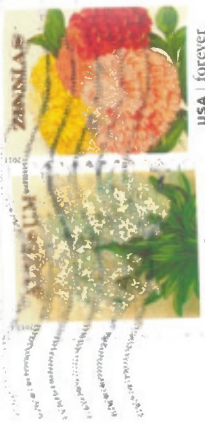


**TMC** ENVIRONMENTAL

40 San Remo Drive • South Burlington, Vermont 05403

BURLINGTON VT 054

28 JUN 2013 PM 11



EPA Region 1  
5 Post Office Square, Suite 100 (0ES05-4)  
Boston, MA. 02109-3912

021093912



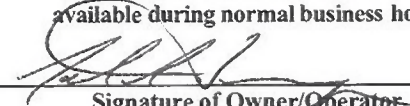
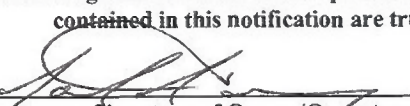
# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project # 02013-0716		Postmark		Date Received		Notification #																													
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<b>II. Facility Description</b> Building Name: <u>Department of Agriculture/Department of Environmental Conservation Building</u> Address: <u>103 South Main Street</u> City: <u>Waterbury</u> State: <u>VT</u> Zip Code: <u>05671</u> County: <u>Washington</u> Site Location: <u>Waterbury State Complex, 103 South Main Street, Waterbury VT</u> Building Size (square feet): <u>16,700 Sq Ft per floor</u> # of Floors: <u>2</u> Age in Years: <u>25+/-</u> Present Use: <u>Vacant</u> Prior Use: <u>Ag Lab &amp; Offices</u>																																			
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# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component(s):</b> Asbestos containing materials to be removed. State personnel to begin salvage operations. Building will then be demolished utilizing heavy equipment (after all ACM has been properly removed).		
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<b>XII.</b>	<b>Waste Transporter #1</b> Name: <u>Service Transport Group</u> Address: <u>58 Pyles Lane</u> City: <u>New Castle</u> State: <u>DE</u> Zip Code: <u>19720</u> Contact: <u>Randy</u> Telephone: <u>(877) 999-9559</u>		
	<b>Waste Transporter #2</b> Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIII.</b>	<b>Waste Disposal</b> Name: <u>Minerva Landfill</u> Address: <u>8955 Minerva Road</u> City: <u>Waynesburg</u> State: <u>OH</u> Zip Code: <u>44688</u> Contact: <u>Steve Chandler, VP</u> Telephone: <u>(330) 866-3435</u>		
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# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project #02013-0717	Postmark	Date Received	Notification #																												
<b>I. Type of Notification</b> (check one): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled																															
<b>II. Facility Description</b> Building Name: <u>Maintenance Building</u> Address: <u>103 South Main Street</u> City: <u>Waterbury</u> State: <u>VT</u> Zip Code: <u>05671</u> County: <u>Washington</u> Site Location: <u>Waterbury State Complex, 103 South Main Street, Waterbury VT</u> Building Size (square feet): <u>8000</u> # of Floors: <u>1</u> Age in Years: <u>95+/-</u> Present Use: <u>Vacant</u> Prior Use: <u>State Maintenance Offices and Garage</u>																															
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# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

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Asbestos containing materials to be removed. State personnel to begin salvage operations. Building will then be demolished utilizing heavy equipment (after all ACM has been properly removed).

**XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:**

Comprehensive procedures in accordance with the USEPA Asbestos NEHSHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structures, containment barriers, negative pressure enclosures, proper waste shipment & disposal, post abatement inspections and air monitoring where required.

**XII. Waste Transporter #1**

Name: Service Transport Group

Address: 58 Pyles Lane

City: New Castle

State: DE

Zip Code: 19720

Contact: Randy

Telephone: (877) 999-9559

**Waste Transporter #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

**XIII. Waste Disposal**

Name: Minerva Landfill

Address: 8955 Minerva Road

City: Waynesburg

State: OH

Zip Code: 44688

Contact: Steve Chandler, VP

Telephone: (330) 866-3435

**XIV. Emergency Demolition** (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order: \_\_\_\_\_

Title: \_\_\_\_\_

3. Authority of Order (Citation of Code): \_\_\_\_\_

4. Date of Order (MM/DD/YY): \_\_\_\_\_

Date Ordered to Begin \_\_\_\_\_

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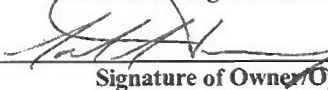
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Signature of Owner/Operator

6/28/13  
Date

Joe Downey - Project Manager  
Type or Print Name and Title

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# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project # 02013-0717	Postmark	Date Received	Notification #																												
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<b>II. Facility Description</b> Building Name: <u>Building 10 South</u> Address: <u>103 South Main Street</u> City: <u>Waterbury</u> State: <u>VT</u> Zip Code: <u>05671</u> County: <u>Washington</u> Site Location: <u>Waterbury State Complex, 103 South Main Street, Waterbury VT</u> Building Size (square feet): <u>5200 sq ft per floor</u> # of Floors: <u>3</u> Age in Years: <u>80+/-</u> Present Use: <u>Vacant</u> Prior Use: <u>Offices and Maintenance Storage</u>																															
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# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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State: DE

Zip Code: 19720

Contact: Randy

Telephone: (877) 999-9559

**Waste Transporter #2**

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City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

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1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order: \_\_\_\_\_

Title: \_\_\_\_\_

3. Authority of Order (Citation of Code): \_\_\_\_\_

4. Date of Order (MM/DD/YY): \_\_\_\_\_

Date Ordered to Begin \_\_\_\_\_

**XV. Emergency Renovation** (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency: \_\_\_\_\_

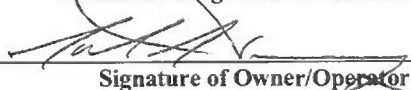
2. Description of the Sudden, Unexpected Event: \_\_\_\_\_

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. \_\_\_\_\_

**XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.**

Same as Section X above.


**XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.**

  
Signature of Owner/Operator

6/28/13  
Date

Joe Downey - Project Manager  
Type or Print Name and Title

**XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.**

  
Signature of Owner/Operator

6/28/13  
Date

Joe Downey - Project Manager  
Type or Print Name and Title



**CROTHERS**

Environmental Group, LLC



7012 3460 0002 1037 6004

US EPA - Region I  
Asbestos/NESTAP Division  
Attn: Demo/Remo Notification  
Boston, MA 02107-3912

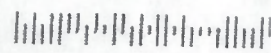
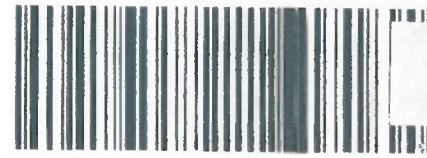
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U.S. EPA - Region 1  
Asbestos/NESHAP Division  
Attn: Demo/Leak Notifications  
Boston, MA 02107-3912

7012 3460 0002 1037 6004

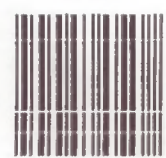


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